



REPORT ON CHANGE OF BUSINESS OPERATIONS

EMPLOYER NAME
EMPLOYER ACCOUNT NUMBER

Please complete item(s) which apply to you and sign below. Mail or fax to the above address.

I. COMPLETE THIS SECTION IF EMPLOYMENT/BUSINESS WAS DISCONTINUED AND BUSINESS WAS NOT SOLD

A. Enter the last date you paid wages to either part-time or full-time workers

1. Check the reason you no longer pay wages:

- Closed business. Enter date business was closed Reason closed
Operate business without help. Explain
Use independent contractors/contract labor. Provide names, trade names, addresses and phone numbers of all individual(s) used by you as contract labor. Submit copies of invoices, business cards and any other documentation you have from them.

- Bankruptcy Case Number Court Date Filed Chapter
Death of sole proprietor Date of Death Letters of Refusal of Probate
Probate County Case Number
Name & Address of Personal Representative
IF BANKRUPT OR PROBATE: Name & Address of Attorney

Employees leased. Who provides the employee leasing services to your business? (State name, address & phone number of leasing company - submit copy of employee leasing agreement.)

Other reason

B. If this is a corporation, do/will officers receive any type of compensation? Yes No

1. If answer is "Yes," explain

C. Do you anticipate employing workers in the foreseeable future? Yes No Date Anticipated

1. If answer is "Yes," explain

(A "Yes" answer will allow your account to continue as "Active." A "No" answer will be considered an application for exemption from filing contribution & wage reports beginning with quarter following last date you paid wages.)

II. COMPLETE THIS SECTION TO SHOW CHANGE IN OWNERSHIP OF THE BUSINESS

A. Enter the date and indicate the type of change. Date of change

- Partnership Dissolved Partner(s) Added Corporation Formed Merger
Entire Business Sold Partner Withdrew Corporation Dissolved Stock Ownership Change
Partial Sale Only Explain what portion(s) were sold
What business do you still operate?

Other Change, explain

B. Enter new owner's name, business name, address, telephone number and Federal ID Number

C. Did the new operator acquire ALL of your Missouri business? Yes No

D. Was the Missouri business, or portion that was sold, continued without interruption in business activities? Yes No

1. If "No," state reason for the interruption in business activities

2. Enter date business was closed

E. Did you start or acquire a business in Missouri after date shown in Item II.A.? Yes No

1. If "Yes," from whom did you acquire the business? Their mailing address and phone number is

F. Did you employ any workers or compensate anyone in Missouri, including officers, after the date you stated in Item II.A.? Yes No

1. If "Yes," explain

III. MISCELLANEOUS CHANGES

- Employer address change. New address is
Mailing address CAN ONLY be changed if this form is signed by the owner(s) or officer(s) or the business actuary for the company.
Business/trade name change to

I certify that the information supplied on this form is true and correct to the best of my knowledge and understanding.

Signed Title

Telephone Number Date